

Multiple Documents

Part	Description
1	1
2	Complaint
3	Exhibit

UNITED STATES DISTRICT COURT

for the

United States Courts
Southern District of Texas
FILED

JUN 17 2025

Nathan Ochsner, Clerk of Court

Timothy Williams
Plaintiff/PetitionerCenora, Inc. & Lash Group
Defendant/Respondent

Civil Action No.

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ 2,880.00, and my take-home pay or wages are: \$ 2,103.00 per
(specify pay period) seasonal 1.5 month

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 200.00.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

Rent: \$ 373.00
 Utilities: \$ 160.00
 Transportation: \$ 900.00
 Food: \$ 200.00
 Phone/Internet: \$ 45.00

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):


\$ 1,225.00 Chase
 \$ 300.00 Primeway Credit Union

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

6/17/25

Applicant's signature


 Timothy W. H. Ams
 Printed name



0101BEV49A930YR CCM.M72.BEV49.R250602

See Next Page

25VJ981F37405

Page 2 of 2

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-866-563-4603**.

SOCIAL SECURITY
3300 WATERS ROAD
PASADENA TX 77504

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration



Your Social Security Statement

TIMOTHY W. WILLIAMS

May 29, 2025

Retirement Benefits

To get retirement benefits, you need 40 credits of work. Your record shows you have 12 credits at this time. This includes credits not yet reported on your earnings record from last year and this year if you continued to work.

Your full retirement age is **67**, based on your date of birth: September 15, 1973.

Learn more at ssa.gov/benefits/retirement/learn.html.

Disability Benefits

To get benefits if you become disabled right now, you need 30 credits of work. Your record shows you have at least 12 credits at this time. Learn more at ssa.gov/disability.

Survivors Benefits

For your family to get survivors benefits if you die this year, you must have 30 credits of work. Your record shows you have 12 credits at this time. Learn more at ssa.gov/survivors.

How Credits Help You Qualify for Benefits

You need 40 credits to become eligible (also known as being fully insured) for retirement benefits. You can still earn credits and become fully insured if you work. You can earn up to four credits per year. The amount needed for a credit rises most years. You can find the current amount at ssa.gov/benefits/retirement/planner/credits.html.

Medicare

To get Medicare benefits at age 65, you need 40 credits of work. Your record shows you have 14 credits at this time. However, even if you don't have enough credits when you reach age 65, you may contact Social Security to learn whether you are eligible to buy Medicare coverage.

Medicare is the federal health insurance program for people:

- age 65 and older,
- under 65 with certain disabilities, and
- of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

For more information about Medicare, visit

medicare.gov or ssa.gov/medicare or call **1-800-**

MEDICARE (1-800-633-4227) (TTY 1-877-486-2048).

Earnings Record

Review your earnings history below to ensure it is accurate because we base your future benefits on our record of your earnings. There's a limit to the amount of earnings you pay Social Security taxes on each year. Earnings above the limit do not appear on your earnings record. We have combined your earlier years of earnings below, but you can view your complete earnings record online with *my* Social Security. **If you find an error**, view your full earnings record online and call 1-800-772-1213.

Work Year	Earnings Taxed for Social Security	Earnings Taxed for Medicare (began 1966)
1981-1990	\$1,137	\$1,137
1991-2000	\$10,775	\$10,775
2001-2005	\$48	\$48
2006	\$0	\$0
2007	\$0	\$0
2008	\$0	\$0
2009	\$0	\$0
2010	\$0	\$0
2011	\$0	\$0
2012	\$0	\$0
2013	\$0	\$0
2014	\$0	\$0
2015	\$0	\$0
2016	\$0	\$0
2017	\$0	\$0
2018	\$0	\$0
2019	\$0	\$0
2020	\$0	\$0
2021	\$0	\$0
2022	\$0	\$0
2023	\$0	\$3,985
2024	Not yet recorded	Not yet recorded

Taxes Paid

Total estimated Social Security and Medicare taxes paid over your working career based on your Earnings Record:

Social Security taxes

You paid: \$738

Employer(s): \$738

Medicare taxes

You paid: \$228

Employer(s): \$228

Important Things to Know about Your Social Security Benefits

- Social Security benefits are not intended to be your only source of retirement income. You may need other savings, investments, pensions, or retirement accounts to make sure you have enough money when you retire.
- You need at least 10 years of work (40 credits) to qualify for retirement benefits. Your benefit amount is based on your highest 35 years of earnings. If you have fewer than 35 years of earnings, years without work count as 0 and may reduce your benefit amount.
- If you get retirement or disability benefits, your spouse and children also may qualify for benefits.
- If you and your spouse both work, use the *my* Social Security Retirement Calculator to estimate spousal benefits.
- If you are divorced and were married for 10 years, you may be able to claim benefits on your ex-spouse's record.
- If you receive a pension from earnings not covered by Social Security, your benefits may have been reduced prior to January 2024. The *Social Security Fairness Act* ended the Windfall Elimination Provision and Government Pension Offset. Learn more at ssa.gov/benefits/retirement/social-security-fairness-act.html.
- Learn more about benefits for you and your family at ssa.gov/benefits/retirement/planner/applying7.html.
- When you are ready to apply, visit ssa.gov/benefits/retirement/apply.html.
- The *Statement* is updated annually. It is available online, or by mail upon request.

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

TIMOTHY WILLIAMS

9701 Market St. Apt 328

Houston, Texas 77029

Plaintiff, Pro Se,

v. Civil Action No.: _____

CENCORA, INC.

1 West First Avenue

Conshohocken, PA 19428

and

LASH GROUP, a Cencora Affiliate

1 West First Avenue

Conshohocken, PA 19428

Defendants.

COMPLAINT FOR DAMAGES AND EQUITABLE RELIEF

DEMAND FOR JURY TRIAL

JURISDICTION AND VENUE

1. This Court has federal question jurisdiction under 28 U.S.C. § 1331 for claims arising under federal law, including the Health Insurance Portability and Accountability Act (HIPAA), and supplemental jurisdiction over state law claims under 28 U.S.C. § 1367.
 2. Venue is proper in this district under 28 U.S.C. § 1391(b) because a substantial part of the events or omissions giving rise to the claim occurred in this district, and Defendants conduct substantial business in this district: United States District Court, Southern District of Texas, Houston Division
-

PARTIES

3. **Plaintiff Timothy Williams** is a natural person residing at 9701 Market St. Apt 328, Houston, Texas 77029, whose sensitive personal information was entrusted to Defendants in connection with healthcare and patient support services.

4. **Defendant Cencora, Inc.** (formerly AmerisourceBergen Corporation) is a global pharmaceutical solutions company with its principal place of business at 1 West First Avenue, Conshohocken, PA 19428, and operates throughout the United States, including this district.
 5. **Defendant Lash Group** is a healthcare services affiliate of Cencora, Inc., with its principal place of business at 1 West First Avenue, Conshohocken, PA 19428, and provides patient support and reimbursement services to healthcare providers and patients nationwide.
-

FACTUAL ALLEGATIONS

The Data Breach Event

6. On or about April 10, 2025, Defendants' information systems were unlawfully accessed by unauthorized actors, resulting in the exfiltration and theft of Plaintiff's sensitive personal information.
7. The compromised information included Plaintiff's first name, last name, address, date of birth, health diagnosis, and/or medication and prescription information, as maintained in Defendants' files.

Notification by Physical Letter

8. On May 28, 2025, Plaintiff received a physical letter from Cencora Inc. and Lash Group (attached as Exhibit A), confirming that Plaintiff's personal information had been compromised in the incident described above. The letter acknowledged that, at the time of the breach, Defendants did not have an appropriate Security Operations Center (SOC) or Service Organization Controls (SOC) in place to protect consumer and customer information.

Defendants' Security Failures

9. Defendants failed to implement reasonable and industry-standard security measures, including but not limited to:
 - Failing to establish and maintain a Security Operations Center to monitor for unauthorized access
 - Failing to implement and audit Service Organization Controls
 - Failing to encrypt sensitive data and monitor digital access
 - Failing to timely detect and respond to unauthorized access

Resulting Harm

10. As a direct and proximate result of Defendants' failures and the subsequent data breach, Plaintiff has suffered and continues to suffer:
 - Increased risk of identity theft, medical identity theft, and fraud
 - Out-of-pocket expenses for credit monitoring and identity theft protection
 - Emotional distress, anxiety, and loss of peace of mind

- Time and effort spent mitigating the effects of the breach, including placing fraud alerts, freezing credit, and monitoring accounts

COUNT I: NEGLIGENCE

11. Defendants owed Plaintiff a duty to exercise reasonable care in protecting Plaintiff's sensitive personal and health information.
12. Defendants breached this duty by failing to implement adequate security measures, including the absence of a Security Operations Center and Service Organization Controls.
13. The Defendants' breach of duty was the direct and proximate cause of the unauthorized access and theft of Plaintiff's personal information and the resulting damages.

COUNT II: BREACH OF IMPLIED CONTRACT

14. By collecting and storing Plaintiff's personal and health information, Defendants entered into an implied contract to protect that information and use it only for legitimate purposes.
15. Defendants breached this implied contract by failing to safeguard Plaintiff's information and permitting its unauthorized disclosure.

COUNT III: INVASION OF PRIVACY

16. Defendants' failure to secure Plaintiff's private information and subsequent unauthorized disclosure constitutes an invasion of Plaintiff's right to privacy under Pennsylvania and Texas law.

COUNT IV: VIOLATION OF PENNSYLVANIA AND TEXAS CONSUMER PROTECTION LAWS

17. Defendants' conduct violated applicable Pennsylvania and Texas consumer protection statutes by failing to implement reasonable security procedures and by failing to timely notify Plaintiff of the breach.

DAMAGES

18. Economic Damages:

- Out-of-pocket costs for credit monitoring, identity restoration, and legal fees
- Potential losses from identity theft or fraud

19. Non-Economic Damages:

- Emotional distress, anxiety, and loss of peace of mind

- Time spent mitigating the breach's effects

20. Punitive Damages:

- Plaintiff seeks punitive damages due to Defendants' egregious and reckless disregard for data security and customer privacy.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment against Defendants and award the following relief:

1. Plaintiff seeks compensatory damages in an amount to be determined at trial, but no less than \$75,000.00, for the harm suffered as a result of the discrimination and mistreatment of Plaintiff, a mentally ill student, and punitive damages in the amount of \$100,000.00 for consequential and incidental damages for ongoing and future risks and losses;
2. Statutory damages under any applicable law;
3. Injunctive relief requiring Defendants to implement and maintain adequate data security measures and provide credit monitoring for affected individuals for at least three years;
4. Pre- and post-judgment interest as allowed by law;
5. Reasonable attorney's fees and costs (if represented);
6. Such other relief as the Court deems just and proper.

JURY DEMAND

The Plaintiff demands a trial by jury on all issues so triable.

Respectfully submitted,

Timothy Williams
Plaintiff, Pro Se
9701 Market St. Apt. 328
Houston, TX 77029
(713) 832-362-4481

CERTIFICATE OF SERVICE

I hereby certify that on _____, a copy of this Complaint was served by first-class mail on:

Cencora, Inc.
1 West First Avenue
Conshohocken, PA 19428

Lash Group
1 West First Avenue
Conshohocken, PA 19428

EXHIBIT INDEX

A. Breach Notification Letter from Cencora Inc. and Lash Group (dated May 28, 2025)

cencoraReturn Mail Processing
PO Box 589
Claysburg, PA 16625-0589

May 28, 2024



L3725-L01-0268215 T00999 P020 *****5-DIGIT 77040

TIMOTHY WILLIAMS
7927 LUMBER JACK DR
HOUSTON, TX 77040-1741

Re: Notice of Data Security Incident

Dear Timothy Williams:

Cencora, Inc. and its Lash Group affiliate partner with pharmaceutical companies, pharmacies, and healthcare providers to facilitate access to therapies through drug distribution, patient support and services, business analytics and technology, and other services. We take very seriously the protection of the information entrusted to us in providing these services.

We are writing to let you know about an event that involved your personal information that Lash Group has through its partnership with one such organization in connection with its patient support programs. It is important to note that we have no evidence at this time that your information has been used for any fraudulent purpose as a result of this incident, but we are sending this letter to tell you what happened, what information was potentially involved, what we have done and what you can do to address this situation. Please read this letter carefully, because it provides details about what happened and what we are doing about it.

What Happened?

On February 21, 2024, Cencora learned that data from its information systems had been exfiltrated, some of which could contain personal information. Upon initial detection of the unauthorized activity, Cencora immediately took containment steps and commenced an investigation with the assistance of law enforcement, cybersecurity experts and outside lawyers. On April 10, 2024, we confirmed that some of your personal information was affected by the incident.

What Information Was Involved?

Based on our investigation, personal information was affected, including potentially your first name, last name, address, date of birth, health diagnosis, and/or medications and prescriptions. There is no evidence that any of this information has been or will be publicly disclosed, or that any information was or will be misused for fraudulent purposes as a result of this incident, but we are communicating this to you so that you can take the steps outlined below to protect yourself.

What We Are Doing

Immediately upon learning of this incident, we launched an investigation with the assistance of cybersecurity experts, law enforcement, and outside lawyers. Determining whether personal information or personal health information was compromised in any way has been one of the top priorities of this effort so that we could notify potentially affected individuals. Please be assured that we are also working with cybersecurity experts to reinforce our systems and information security protocols in an effort to prevent incidents like this from occurring in the future.



We are also making resources available to those individuals whose information was involved. While we have no reason to believe that your information was used for any fraudulent purpose as a result of this incident, to help protect your identity, we are providing you with access to Experian IdentityWorksSM credit monitoring and remediation services for 24 months at no charge to you. These services provide you with alerts for two years from the date of enrollment when changes occur to your credit file. These services also provide you with proactive fraud assistance to help with any questions that you might have and identity restoration assistance in the event that you become a victim of fraud.

How do I enroll for the free services?

While identity restoration assistance is immediately available to you, we also encourage you to activate the fraud detection and credit monitoring tools available through Experian IdentityWorks. To enroll in these services at no charge, visit www.experianidworks.com/plus and follow the instructions provided. When prompted please provide the following unique code to receive services: P5W2NNZ7L4. In order for you to receive the monitoring services described above, you must enroll by August 30, 2024. Please note that when signing up for monitoring services, you may be asked to verify personal information for your own protection to confirm your identity.

Should you have any questions regarding the Credit Monitoring services, have difficulty enrolling, or require additional support, please contact Experian at 1-833-918-1728. Be prepared to provide engagement number B123552 as proof of eligibility for the Identity Restoration services by Experian.

What You Can Do

To help protect your personal information, we strongly recommend you take the following steps, all of which are good ideas in any event:

- Enroll in the credit monitoring service that we are offering to you. This will enable you to get alerts about any efforts to use your name and social security number to establish credit and restoration assistance if you were not the one who initiated it.
- Carefully review statements sent to you by your bank, credit card company, or other financial institutions as well as government institutions like the Internal Revenue Service (IRS). Notify the sender of these statements immediately by phone and in writing if you detect any suspicious transactions or other activity you do not recognize.
- The attached **Reference Guide** describes additional steps that you can take and provides resources for additional information. We encourage you to read and follow these steps as well.

For More Information

If you have questions or concerns or learn of any suspicious activity that you believe may be related to this incident, please call 1-833-918-1728. Please know that we take this matter very seriously, and we apologize for the concern and inconvenience this may cause you.

Sincerely,

Matthew Wolf

Matthew Wolf
President, Biopharma Services
Lash Group

General Information

Case Name	Williams v. Cencora, Inc. et al
Court	U.S. District Court for the Southern District of Texas
Date Filed	Tue Jun 17 00:00:00 EDT 2025
Judge(s)	LEE HYMAN ROSENTHAL
Docket Number	4:25-mc-01125
Parties	Lash Group; Timothy Williams; Cencora, Inc.